

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/600659

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9	1						59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16	1						66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25	1						75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41					2		91							
42					3		92							
43					1		93							
44					1		94							
45					1		95							
46					1		96							
47					1		97							
48					1		98							
49					1		99							
50					1		100							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL	4						TOTAL					</		